# YOU SHOULD FAX YOUR PAPERWORK BACK TO US AT (937) 257-3477

THE PAPERWORK WE REQUIRE TO PROCESS YOUR MOBILE HOME MOVE IS AS FOLLOWS:

A COMPLETED, SIGNED AND DATED DD FORM 1299; A COMPLETED, SIGNED AND DATED DD FORM 1797; A COMPLETED MOBILE HOME WORKSHEET; A FULL COPY OF ORDERS (ALL PAGES, FRONT AND BACK), AMENDMENTS AND/OR AF FORM 150; AND AN ESTIMATE FROM YOUR SELECTED MOVER

PLEASE BE AWARE THAT ALL COSTS ASSOCIATED WITH MOVING A MOBILE HOME MAY NOT BE REIMBURSABLE TO YOU BY THE GOVERNMENT.

STORAGE OF	FOR SHIPMENT PERSONAL PRO	PERTY	1. DATE PREPARED (YYYYMMDD) 2. SHIPMENT NUMBER					
(Read Privacy Act Statem		completing form.)						
3. NAME OF PREPARING OF	FICE		4. TO (Responsible Origin Personal Property Shipping Office)					
			a. NAME					
5. NAME OF DESTINATION	Personal Proper	TY SHIPPING OFFICE	b. ADDRESS (Street, St	uite Number, City, State,	, ZIP Code)			
6. MEMBER OR EMPLOYEE	INFORMATION							
a. NAME (Last, First, Middle Init		b. RANK/GRADE	c. SSN	d. AGENCY				
a. IVAIVIE (Last, 1 list, IVIIdule IIIII	iai)	b. KANK/GRADE	C. 33N	u. AGENCT				
7. REQUEST ACTION BE TA	KEN TO TRANSPOR	T OR STORE THE FO	LLOWING:					
a. HOUSEHOLD GOODS/UNACC	OMPANIED BAGGAGE	ITEMS/NO. OF CONTAI	NERS (Enter quantity estim	nate)				
(1) POUNDS	(2) POUNDS OF PROF	ESSIONAL BOOKS, PAP	PERS, AND EQUIPMENT	(3) EXPENSIVE AND	VALUABLE ITEMS (Number of			
	(PBP&E) (Enter "Ne	ONE" if not applicable)		cartons)				
b. MOBILE HOME INFORMATION	(Enter dimensions in fe	eet and inches)						
(1) SERIAL NUMBER	(2) LENGTH	(3) WIDTH	(4) HEIGHT	(5) TYPE EXPANDO	(Describe)			
(1) 021111121101111211	(=) ==::::::::::::::::::::::::::::::::::	(6) 1112 111	(1) 11210111	(6) 1112 2711 71112 6	(2000,120)			
		1.						
c. MOBILE HOME SERVICES REC	1			F				
CONTENTS PACKED	MOBILE HOME BLOCK	KED MOBILE HO	OME UNBLOCKED	STORED AT ORIGIN	STORED AT DESTINATION			
8. THIS SHIPMENT/STORAG	E IS REQUIRED INCI	DENT TO THE FOLLO	OWING CHANGE OF ST	TATION ORDERS:				
a. TYPE ORDERS (X one)		b. ISSUED BY		c. NEW DUTY ASSI	GNMENT			
PERMANENT	TEMPORARY							
d. DATE OF ORDERS (YYYYMM)	DD) e. ORDERS	NUMBER	f. PARAGRAPH NO.	g. IN TRANSIT TELE	EPHONE NO. (Include Area Code)			
,	,				,			
h. IN TRANSIT ADDRESS (Street	Anartment Number C	ity State 7ID Code)						
II. IIV TRANSIT ADDRESS (Street	, Apartment Number, Ci	ty, State, Zir Code)						
9. PICKUP (ORIGIN) INFORM			10. DESTINATION IN					
a. ADDRESS (Street, Apartment					, County, State, ZIP Code)			
(If a mobile home park, include	e mobile home court nar	ne)	(If a mobile frome pa	ark, include <mark>mobile hom</mark> e	e court name)			
					l			
b. TELEPHONE NUMBER (Include	Area Code)		b. AGENT DESIGNATE	ED TO RECEIVE PROPER	TY			
(								
11. EXTRA PICKUP/DELIVER	V ADDDECC /If appli	cable)	12 COLIEDIU ED DA:	TE FOR (1/1/1/4/4/4/10)	2)			
11. EXTRA PICKUP/DELIVER	T ADDRESS (II appli	Cablej	12. SCHEDULED DA		<u>′</u>			
			a. PACK	b. PICKUP	c. DELIVERY			
13. REMARKS								
14. I CERTIFY THAT NO OTH	JED CHIDMENITO ANI	D/OD NONTEMBODA	DV CTODACE HAVE DE	CENTIMADE LINDED TI	HESE ODDEDS EVCEDT AS			
INDICATED BELOW (If no			KT STURAGE HAVE DE	LEIN IVIADE UNDER TI	HESE ORDERS EXCEPT AS			
,	-	· /		c. NET POUNDS	d. POUNDS OF PBP&E			
a. FROM	/I		b. TO	(Actual or estimate				
15. CERTIFICATION OF SHIP	MENT DECDONCIDII	ITIES/STODACE COA	IDITIONS					
I certify that I have read				ns printed on the bac	ck side of this form.			
a. SIGNATURE OF MEMBER/EM	<u> </u>	b. DATE SIGNED			lo., City, State, ZIP Code)			
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d. NAME OF CONTRACTOR (O	rigin DPM or non-tempo	rary storage)						
	5	3 3 7						
16. CERTIFICATE IN LIEU OF	SIGNATI IDE ON TU	IS FORM IS DECLIED	D WHEN DECLII ATION	IS SO ATTHORIZE	Property is haddage			
household goods, mobile								
a. REASON FOR NONAVAILABI		, paporo	b. CERTIFIED BY (Signal		<u> </u>			
			_ : (=:g//a	,				
			c. TITLE					

STORAGE OF	FOR SHIPMENT PERSONAL PRO	OPERTY	1. DATE PREPARED (YYYYMMDD) 2. SHIPMENT NUMBER					
(Read Privacy Act Staten		completing form.)						
3. Name of Preparing of	FICE		4. TO (Responsible Origin Personal Property Shipping Office) a. NAME					
E NAME OF BESTIMATION	DEDOCALAL PROPER	TV OLUBBING OFFICE	-1					
5. NAME OF DESTINATION	PERSONAL PROPER	TY SHIPPING OFFICI	b. ADDRESS (Street,	Suite Number, City, Sta	te, ZIP Code)			
6. MEMBER OR EMPLOYEE	INFORMATION		1					
a. NAME (Last, First, Middle Init	ial)	b. RANK/GRADE	c. SSN	d. AGENCY				
7 DECLIEST ACTION DE TA	VEN TO TRANSPOR	OT OR STORE THE CO	NI LOWING.					
<ol> <li>REQUEST ACTION BE TA</li> <li>HOUSEHOLD GOODS/UNACC</li> </ol>				imata)				
(1) POUNDS	(2) POUNDS OF PRO	FESSIONAL BOOKS, PAI IONE" if not applicable)			ID VALUABLE ITEMS (Number of			
b. MOBILE HOME INFORMATION	l (Enter dimensions in t	eet and inches)						
(1) SERIAL NUMBER	(2) LENGTH	(3) WIDTH	(4) HEIGHT	(5) TYPE EXPAND	O (Describe)			
c. MOBILE HOME SERVICES REC	QUESTED (X as applica	ble)		_				
CONTENTS PACKED	MOBILE HOME BLOC		OME UNBLOCKED	STORED AT ORIGIN	STORED AT DESTINATION			
8. THIS SHIPMENT/STORAG	SE IS REQUIRED INC	b. ISSUED BY	OWING CHANGE OF S	c. NEW DUTY AS	SIGNMENT			
a. TYPE ORDERS (X one) PERMANENT	TEMPORARY	D. 1330ED B1		C. NEW DOTT AS	SIGNIVIENT			
d. DATE OF ORDERS (YYYYMM)	l	NUMBER	f. PARAGRAPH NO.	g. IN TRANSIT TELEPHONE NO. (Include Area				
h. IN TRANSIT ADDRESS (Street	t, Apartment Number, C	City, State, ZIP Code)						
9. PICKUP (ORIGIN) INFORM	MATION		10. DESTINATION	INFORMATION				
a. ADDRESS (Street, Apartment		State, ZIP Code)			ty, County, State, ZIP Code)			
(If a mobile home park, include	e mobile home court na	nme)	(If a mobile home park, include mobile home court name)					
b. TELEPHONE NUMBER (Include	e Area Code)		b. AGENT DESIGNA	TED TO RECEIVE PROPI	ERTY			
11. EXTRA PICKUP/DELIVER	Y ADDRESS (If app	licable)	12. SCHEDULED DA	ATE FOR (YYYYMMI	DD)			
			a. PACK	b. PICKUP	c. DELIVERY			
13. REMARKS								
13. REIVIARKS								
14. I CERTIFY THAT NO OTH INDICATED BELOW (If n			RY STORAGE HAVE	BEEN MADE UNDER	THESE ORDERS EXCEPT AS			
a. FROM	,	/	b. TO	c. NET POUNE				
				(Actual or estima	nted) (Actual or estimated)			
15. CERTIFICATION OF SHIP I certify that I have read				ions printed on the h	ack side of this form			
a. SIGNATURE OF MEMBER/EM	<u> </u>	b. DATE SIGNED			No., City, State, ZIP Code)			
					•			
d. NAME OF CONTRACTOR (O	riain DPM or non-temp	orary storage)	_					
CONTINUOUS (O.	S. Mon tempt	g otorago,						
16. CERTIFICATE IN LIEU OF								
household goods, mobile  a. REASON FOR NONAVAILAB		ssionai pooks, papers	b. CERTIFIED BY (Sign		government expense.			
	C. GIGNATURE		2. 32.Kiii i20 01 (319)					
			c. TITLE					
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#### PRIVACY ACT STATEMENT

AUTHORITY: 37 USC 406, 5 USC 5726; and E.O. 9397.

**PRINCIPAL PURPOSE(S):** Primarily used for evaluating requests submitted by Service members and eligible individuals for shipment and/or storage of personal property. Also used to prepare the Government bill of lading and other shipping documents (as applicable) to move the personal property. Used by the Finance Office for collection from the member in case goods to be shipped exceed Government entitlement limits.

**ROUTINE USE(S):** DD Form 1299 is provided to commercial carriers and shipping agents as the official shipping and storage order.

**DISCLOSURE:** Voluntary; however, failure to provide the requested information may delay shipping dates and impede storage arrangements.

#### CERTIFICATION OF SHIPMENT RESPONSIBILITIES

In consideration of said household goods or mobile homes being shipped at Government expense, I hereby agree that:

- 1. This shipment/storage lot consists of my property or the property awarded to my ex-spouse incident to a divorce which was acquired by me prior to the effective date of my orders.
- 2. If my orders are modified or cancelled and affect this shipment, I will immediately notify the shipping office at point of origin (or port, if any) and destination.
- 3. I will remit the proper amount or consent to the collection from my pay as may be necessary to cover all excess costs occasioned by this shipment.

- 4. I agree, prior to shipment and at my expense to place my mobile home in condition to withstand transportation.
- 5. I understand that transportation of my mobile home and shipment of baggage and household goods within the United States are provided in Chapter 10, JTR.
- 6. I understand the Government will not be responsible for goods remaining in storage after the expiration of the authorized period.
- 7. Professional books, papers and equipment are or were necessary in the performance of official duties.

#### CONDITION FOR STORAGE

In consideration of said household goods being stored at Government expense, I hereby agree as follows:

- 1. I will notify the transportation office responsible for storing my nontemporary storage account of any changes in my storage entitlement.
- 2. The Government is authorized to enter into any agreement and to do all acts and things which may be convenient or necessary to store the household goods. Storage of the household goods is furnished subject to such applicable laws and regulations as are now or may hereafter be in effect.
- 3. The Government may store the household goods in Government facilities or in commercial storage under a Government contract.
- 4. The Government may move or transfer by any appropriate means the household goods from their present location to Government or commercial storage facilities and from such facilities to an appropriate destination upon termination of storage.
- 5. When the household goods are stored in Government facilities and the authorized period for storage at Government expense expires, the Government may require me to remove the household goods from their place of storage. In the event, after 30 days notice, I fail to remove the

household goods, or if, after diligent effort, notice to me cannot be effected, the Government may proceed as follows: (a) place and store the household goods in commercial storage at my expense, or (b) if a commercial warehouse will not accept the household goods for commercial storage at my expense, the Government is hereby authorized to take whatever action in accordance with law and regulation may be deemed appropriate to effect disposition of the household goods.

- 6. When the household goods are stored in commercial facilities and the authorized period of storage at Government expense expires, all storage and incidental charges accruing after the last day of the authorized period of storage shall be at my expense.
- 7. The Government shall not be liable for charges incident to storage or services in connection with the household goods (1) not authorized by law or regulation to be at Government expense, (2) in excess of weight limitations imposed by law or regulation, or (3) after the expiration of the period of which storage at Government expense is authorized.
- 8. Government contracts for the storage of household goods limit the liability of the warehouseperson to \$50 per article or package as listed on the warehouse receipt. Applicants are advised to consider obtaining insurance on their household goods while such goods are in storage.

### PERSONAL PROPERTY COUNSELING CHECKLIST

# PRIVACY ACT STATEMENT

AUTHORITY: 37 USC 406; 5 USC 5726; and E.O. 9397.

**PRINCIPAL PURPOSE(S):** Primary purpose is to ensure the member, dependent, and government employee has been briefed properly on the movement of their personal property within the Defense Transportation System. Information collected in this system may also be used in determining validity of claims for damage and improper shipments and any third party responsibility.

**ROUTINE USE(S):** Information contained in this system of records may be provided to a carrier, for the purpose of helping to resolve or adjudicate claims brought by Defense Transportation System users.

DISCLOSURE: Voluntary; however, failure to provide the requested information may delay settlement of a claim.

1. NAME (Last, First, Middle Initial)	2.	SOCIAL SECURITY NUMBER	3. GRADE/RANK/RATING			
4. ISSUING AUTHORITY	5. ORDER NUMBER AND PARAGRAPH  6. DATE (YYYYMMDD)					
7. CHECKLIST (Record special instructions on back)						
PART I - HOUSEHOLD GOODS	仃	PART II - UNACCOMPANIE	ED BAGGAGE (Continued)			
(1) Entitlements under the order described above (number of shipmen s, authorized destination, etc.)		(7) Items of extraordinary value. (8) Whom to contact in the event	of loss or damage.			
(2) Weight allowances: PCS TDY		(9) VIP - Very Important Papers (t)	he importance of accumentation).			
(3) Weight restriction at new duty station, if any.		(10) Member's responsibility to com	pplete and tarn in quality control form.			
(4) Member's responsibility to reimburse the Government for any excess costs occasioned by this/these shipment(s).		(11) Member's responsibility to rein costs occasioned by this/the	nbuse the Government for any excess shipment(s).			
(5) Pickup date and required delivery date as determined by requirements		(12) Unauthorized items and dispos	al of useless items.			
of the member: PUD RDD	<u> </u>	(13) Professional books, papers, and	<u>' ' '                                </u>			
(6) Mode/method of shipment, including name of arrier if known.	1		tact the destination ITO <u>immediately</u> contact for the ITO when property			
(7) Unauthorized items and disposal of useless ems.	<u> </u>	ar ves.				
(8) Professional books, papers, and equipmer c.	┛┛	Procedure to designate agent t absence of member and use of	o release property or accept property in f Power of Attorney or informal letter of			
(9) Member's responsibility to prepare and submit a complete DD Form 1701, Inventory of Household Good		authority.  PART III - NONTEMF	· · · · · · · · · · · · · · · · · · ·			
(10) Servicing/deservicing appliances.		(1) Entitlements under this order,	special services, etc.			
(11) Temporary storage (contractual or intransit).		(2) Included as part of HHG weigh	at allowance when stored at governmen			
(12) Checking inventory at origin and destination, noting discrepancies on reverse of PPGBL, DD Form 519, and carrier's inventory prior to		expense.  (3) Where stored and for how long.				
signing	1		g.			
(13) Checking DD Form 619 brepared by carrier at origin for complete accuracy of information recorded thereon.		(4) Pickup date.				
,	(5) Appliance servicing.					
(14) Member's responsit lity to sign delivery documents and release them to carrier immediately upon delivery of property and completion of delivery services and annotation of discrepancies.	-	(6) Checking inventory at time of (7) What documentation given to				
(15) Member's responsibility to contact the destination ITO immediately upon arrival to give a point of contact for the ITO when property		(8) Items of extraordinary value, e	xcess weight/cost.			
arrives.  (16) Member's responsibility to contact origin and destination ITOs if there is any change in orders or there are other factors that could affect		costs occasioned by this/these	nburse the Government for any excess shipment(s).			
deliver of the shipment.	(10) Unauthorized tems and disposal of useless items.					
(17) Extra pickup or delivery charges, when applicable.	<u> </u>	(11) Professional books, papers and				
(18) Procedure to designate agent to release property or accept property in besence of member and use of Power of Attorney or informal letter of authority.		(12) Member's responsibility to con upon arrival to give a point of afrives.	tact the destination ITO immediately contact for the ITO when property			
(79) What documentation given to member and its importance to him.	] _		o release property or accept property in f Power of Attorney or informal letter o			
(20) Member's responsibility to complete and turn in quality control form.		authority.	. 1 3 was of Attorney of informal letter of			
(21) Member's responsibility to ensure PP items are free of soil/pest		PART IV - HOUSE TRAI				
infestation.	4	(1) Entitlements under this order, lin	<u> </u>			
PART II - UNACCOMPANIED BAGGAGE	₩		ent expense and those billed to membe			
(1) Included as part of HHG weight allowance when ship of at Government	Ч—	(3) Responsibility of member to get	<u> </u>			
expense.	₩	· · · · · · · · · · · · · · · · · · ·	. Items that cannot remain in trailer.			
(2) Weight allowances: Member Dependents	₩	(5) Pickup and delivery dates.				
(3) What can be shipped as maccompanied baggage.	₩	(6) Intransit storage and probability				
(4) Pickup and debtery dates.	₩	(7) Carrier and Government liability.				
(5) Progration - Copy of Orders in each container just before closing it.	₩	(8) What documentation given to m	•			
(6) How and by whom shipped.	<u>L</u>	(9) Responsibility to promptly subm	it quality control information.			

7. CHECKLIST (Continued)					
PART V - PRIVATELY OWNED VEHICLES (POV)	PART VI - WEAPONS AND AMMUNITION				
(1) Does vehicle qualify as a POV.	(1) Limitations and restrictions of count , to which assigned.				
(2) Authorizations, restrictions, special Host Government requirements.	(2) US Government squirements and restrictions applicable for import.				
(3) Applicable port of embarkation and debarkation; at ernates if needed.	special forms and procedures; responsibilities of carriers, etc.				
(4) Preparation of POV prior to delivery to port.	PART VII - LIABILITY, CLAIMS, PROTECTION				
(5) Application and other documents required Power of Attorney if required.	(1) Carrier, storage firm and Government liability for loss or damage.				
(6) Excess costs, when applicable; or rsize; excess distance.	(2) Carrier and Government liability for mobile home rability for repairs				
(7) Checking inventory of items ett in POV; origin and destination.	enroute.				
(8) Secure lien holder's positission if required.	(3) Carrier and Government liability for OV.				
(9) Responsibility to provide Port of Debarkation proper address where	(4) Limitations on Government rability.				
notification arrival can be sent; period POV can remain at port.	(5) Importance of de amentation - accurate inventory exception on				
(10) Joint is spection of POV at time of delivery and pickup.	delivery, out.				
(11) Leensing and insurance requirements of state or overseas country.	(6) Valuation of items of extraordinary value - substantial value.				
(2) Foreign manufactured POVs.	(7) Whom to see at destination in the event of loss or damage.				
(13) Delivery of POV to port by agent; special requirements for.					

# 8. SPECIAL INSTRUCTIONS

#### 9. CONFIRMATION OF COUNSELING

I understand that if I elect to ship any household goods at Government expense to a designated location when the waiting period for any type of housing at or in the vicinity of the oversea duty station is less than 20 weeks (as determined by the oversea commander), all entitlement to further shipment of such property at government expense will be exhausted until such time as I receive subsequent PCS orders returning me to CONUS or assigning me to another oversea duty station.

# a. I HAVE BEEN BRIEFED RELATIVE TO THE DISPOSITION OF MY PERSONAL PROPERTY AS FOLLOWS:

(X)	YES	NO	(X	YES	NO
(1) HOUSEHOLD GOODS			(6) MOBILE HOMES (\$150.00 limitation on repairs enroute)		
(2) NONTEMPORARY STORAGE			(7) WEAPONS AND AMMUNITION		
(3) PRIVATELY OWNED VEHICLES			(8) I HAVE BEEN FURNISHED A COPY OF THE PERSONAL		
(4) LOSS AND DAMAGE			PROPERTY SHIPPING INFORMATION PAMPHLET.		
(5) UNACCOMPANIED BAGGAGE					
h SIGNATURE OF COUNSELOR	c SI	CNAT	LIRE OF MEMBER/DEPENDENT/AGENT 4 DATE /\	VVVIII	וממו

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(4) LOSS AND DAMAGE			PROPERTY SHIPPING INFORMATION PAMPHL			
(5) UNACCOMPANIED BAGGAGE						
b. SIGNATURE OF COUNSELOR	c. SI	GNAT	URE OF MEMBER/DEPENDENT/AGENT	d. DATE (YY	YYMM	IDD)

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Please answer **all** of the following questions. If you need assistance, please contact your outbound counselor at (937) 257-4199 or via email at wpafbtmo@wpafb.af.mil.

		Member Ir	nformation				
Date:							
Name:			SSN:				
Rank:			Branch of Service:				
With or Without Dependents:			Orders Number:				
Telephone and/or Cell Phone:							
	N	Mobile Home	Information				
Make:			Height:				
Model:			Length:				
Year:			Width:				
Serial Number:			Type (circle one):	Single	Double		
Type of Roof (circle one):	Pitch	Flat	Expandable (circle one):	Yes	No		
		Origin Inf	formation				
Lot Number:	P	ark Name:					
Address:							
County:	S	urface (circle	one): Grave	l Sand	Slab		
		Destination	Information				
Lot Number:	P	ark Name:					
Address:							
County:	S	urface (circle	one): Grave	l Sand	Slab		
Number of Axles:			Number of Braking Axles:				
Requesting Accessorial Service (cir	rcle one):		Yes No				
Requested Pickup Date:			Required Delivery Date:				
Name of person designated to recei	ive proper	ty:					
Remarks:							

# **Helpful Websites for Mobile Home Moves:**

https://wptmo.wpafb.af.mil/personalproperty.htm
Wright-Patterson Air Force Base Personal Property Shipping Office

http://www.sddc.army.mil
click on the link "Personal Property/POV" to access the following pamphlets and guides:
 JFTR (Military) – Joint Federal Travel Regulation
 JTR (Civilian) – Joint Travel Regulation
 Shipping Your POV (Overseas PCS)
 Storing your POV (Overseas PCS)
 PPCIG Online (Personal Property Consignment Guide)
 Defense Transportation Regulation (DTR)

http://www.atf.treas.gov Alcohol, Tobacco & Firearms

To choose a company to move your mobile home, go to: http://www.mobilehomeparkstore.com/movers/ohio.htm Ohio Manufactured Home Transporters

Please view the DTR, Part IV, Chapter 407, regarding Mobile Homes.

Welcome to the Transportation Flight. We strive to provide you, our customer, the best possible service in the USAF. You can help us reach our goal by taking a moment to comment on the service that you received here today. Please drop this survey at the customer service counter or place it into a Base Distribution box.

# CUSTOMER SERVICE AREA PERSONAL PROPERTY SHIPPING OFFICE

Inbo	oundO Non-Temp	utbound TQAPS	_ PPM Cı	Quality ustomer Service	y Control ce
Unsatisfactory  12	34	Average	7	89	Excellen
Suggestions:		Was our er	he quality of mployee help provided the	service you reful?	ou needed?
	Ofi Pho	me: fice Symbol: one:			